



PART B - FEE(S) TRANSMITTAL

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Jody L. Brown

(Depositor's name)

Jody L. Brown

(Signature)

July 21, 2003

(Date)

Law Office of Bernhard P. Molldrem
2nd Floor, Monroe Building
333 East Onondaga Street
Syracuse, New York 13202

APPLICATION NO.	FILING DATE	FIRST NAME: INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/768,124	01/23/2001	Jeffrey Zarnowski	201951/141	3336

TITLE OF INVENTION: VIDEO BUS FOR HIGH SPEED MULTI-RESOLUTION IMAGERS AND METHOD THEREOF 711.001PA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$650	\$300	\$950	05/27/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
LE, QUE TAN	2878	250-21400R

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Bernhard P. Molldrem, Jr.

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Silicon Video, Inc.

Ithaca, NY

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 10

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Commissioner is hereby authorized by charge the ^{deficiencies in} fee(s), or credit any overpayment, to Deposit Account Number 50-1771 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

Bernhard P. Molldrem July 21, 2003
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02 FC:2501

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